

Tobacco, Substance Use, and Behavioral Health Disorders

Tobacco use remains the leading preventable cause of death in the United States, and smoking claims the lives of about 11,100 Hoosiers annually.^{1,2} In Indiana and nationwide, people with substance use and other behavioral health disorders remain disproportionately impacted by tobacco.

Tobacco Use, Substance Use Disorders, and Mental Illness

- Smoking rates are substantially higher among people with substance use disorders or mental illness than among people without these conditions.³
- People with mental illness and/or substance use disorders make up about 25% of the adult population in the United States, but they consume nearly 40% of the cigarettes smoked by adults nationwide.³
- Between 2009 and 2011, over 1 in 3 U.S. adults with mental illness (36%) smoked cigarettes, compared with 1 in 5 adults without mental illness (21%). In Indiana, nearly 39% of adults with mental illness smoked cigarettes.⁴

Tobacco and Illicit Drug Use

- Use of illicit drugs is more common among cigarette smokers than nonsmokers.⁵
- According to the 2015 National Survey on Drug Use and Health, 26% of U.S. cigarette smokers aged 12 and older reported current use of an illicit drug, compared with about 6% of non-smokers.⁵
- Among youth ages 12-17 in the U.S., nearly 63% of current smokers reported use of illicit drugs, compared with under 7% of non-smokers.⁵

Health Impact of Smoking among People with Substance Use Disorder

- On average, people with substance use disorder or mental illness die about five years earlier than people without these conditions, often due to conditions caused by smoking.⁶
- Drug users who smoke are four times more likely to die prematurely than those who do not smoke.⁶⁻⁷

Tobacco and Opioids

Tobacco and Opioid Prescribing

- Tobacco users may be more prone to long-term opioid use. Research has shown that patients with a history of nicotine use are more likely to be given longer-term or more frequent opioid prescriptions than patients without a history of nicotine use.⁸
- Among people with chronic pain, those who smoke have been shown to be more likely to use greater quantities of opioids than non-smokers.⁹

Tobacco Use among Patients Treated for Opioid Addiction

- Smoking rates tend to be very high among patients receiving treatment for opioid addiction.^{10,11,12}
- A review of substance abuse treatment studies between 1988 and 2008 found that the average smoking rate among patients receiving treatment for opiates or other narcotics was 79%.¹⁰
- Some studies have shown smoking rates of 95% or higher among patients receiving treatment for opioid addiction.¹¹⁻¹²

Fast Facts

- *Adults with substance use disorders and/or mental illness smoke 40% of cigarettes in the U.S.³*
- *Drug users who smoke are four times more likely to die prematurely than those who don't smoke.^{6,7}*
- *Studies have shown that a majority of people receiving treatment for opioids or other narcotics smoke cigarettes.¹⁰⁻¹²*
- *Smoking increases the odds of substance use disorder relapse.¹⁸*
- *Treating tobacco use increases the likelihood of abstinence from alcohol and illicit drugs.¹⁷*
- *Less than half (42%) of substance use treatment facilities nationwide offer tobacco use treatment.¹³*
- *Many people with mental illness and substance use disorders want to quit and can quit smoking.^{6, 16}*



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Gaps in Tobacco Use Treatment

Despite the high prevalence of tobacco use among people with substance use disorders, less than half of substance abuse treatment centers (42%) offer tobacco cessation services. Only one-third (34%) offer cessation counseling.¹³

- Substance use disorder treatment programs located in states with greater support for tobacco control programs and policies are more likely to offer tobacco cessation treatment.¹⁴
- Several myths persist about tobacco cessation among people with substance use disorders and mental illness, including the beliefs that tobacco treatment is a lower priority, that quitting tobacco might interfere with recovery, and that clients aren't interested in quitting.¹⁵

Benefits of Tobacco Treatment among Patients with Substance Use Disorder or Mental Illness

Despite common misconceptions, many people with mental illness or substance use disorders want to quit and can quit smoking.⁶ One study found that 52% of cocaine addicts, 50% of alcoholics, and 42% of heroin addicts were interested in quitting smoking at the time they started treatment for their other addictions.¹⁶

Impact of Tobacco Use on Substance Use Recovery

- Treating tobacco use along with other addictions increases abstinence from alcohol and illicit drugs by 25%.¹⁷
- Continued smoking, however, can increase the odds of substance use disorder relapse.¹⁸

Tobacco Treatment is Part of Recovery.

Asking, advising, and referring a client to smoking cessation resources can take as little as 30 seconds.

1. **Ask** all clients whether they smoke.
2. If they smoke, **advise** them to quit.
3. **Refer** them to resources for help, such as the Indiana Tobacco Quitline (**1-800-QUIT-NOW**), and provide tobacco treatment as part of an overall treatment plan.

The ISDH Tobacco Prevention and Cessation partnership called *Bringing Indiana Along* can assist substance use and behavioral health care providers in treating clients' tobacco use. Visit bringinginalong.org to learn more.

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Tobacco Prevention and Cessation Commission

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Indiana's Tobacco Quitline